

Project Agreement

Sexually transmissible infections and blood borne viruses in Aboriginal communities in NSW: *Survey of knowledge, risk practice and access to services.*

A project agreement between The Aboriginal Health and Medical Research Council of
NSW and The National Centre for HIV Social Research.

July 2006

IN CONFIDENCE, VERSION 1

Page 1

8/02/2008

Background

AH&MRC and NCHSR have received funding from the NSW Health AIDS and Infectious Disease Branch for the following research project:

Sexually transmissible infections and blood borne viruses in Aboriginal communities in NSW: *Survey of knowledge, risk practice and access to services*

The study will provide benchmark data on levels of knowledge about STIs and BBVs, risk practices and access to services for Aboriginal people aged 16-30 in New South Wales. These data will contribute to the development of policy and program initiatives to better serve the needs of Aboriginal communities.

The survey will also act as an intervention, contributing to an increase in awareness and sensitising the community to many of the issues around STIs and BBVs, particularly if there is strong community ownership of the validity and importance of the research.

The Partners

THE ABORIGINAL HEALTH AND MEDICAL RESEARCH COUNCIL (AH&MRC) is the peak Aboriginal health organisation in NSW representing over 60 Aboriginal Community Controlled Health and health related services. The principal roles of the AH&MRC are direct service delivery, conduct of scientific and culturally valid research, provision of high quality culturally valid health education programs, representation and advocacy in conjunction with member services. In addition the AH&MRC supports Aboriginal community controlled health initiatives, liaises with non-Aboriginal agencies and develops, evaluates, and advises on the wide range of health programs, policies, strategies in Aboriginal health. Included in these services is the Coalition for Research to Improve Aboriginal Health (CRIAHA): a partnership between Aboriginal communities and researchers, working together to encourage and facilitate research that will improve Aboriginal health.

THE NATIONAL CENTRE FOR HIV SOCIAL RESEARCH (NCHSR) was established in 1990 with funding from the Commonwealth Government and is located at The University of New South Wales. The NCHSR conducts social research into the prevention and treatment of HIV, hepatitis C and sexually transmissible infections with special reference to gay men, injecting drug users, and to a lesser extent Aboriginal and Torres Strait Islander people. Other research conducted by the Centre concerns mobility and migration issues particularly with reference to the Asia-Pacific region. The NCHSR works with affected communities and NGOs so that its research is both informed by community needs and informs policy and practice.

This agreement is based on recognition of the following principles:

NCHSR recognises the guiding spirit of AH&MRC and will work within the concept of Aboriginal self-determination and community control.

AH&MRC recognises the expertise and experience of NCHSR in conducting scientifically valid research.

Both organisations are committed to facilitating better outcomes for Aboriginal people with, or at risk of contracting sexually transmissible infections and blood borne viruses, through collaborative research and development of a comprehensive evidence base to guide effective policy.

Self determination. This Project Agreement should adhere to the principles endorsed in the National Aboriginal Health Strategy (1989). In particular the principles of Aboriginal self- determination, a Partnership approach and the importance of intersectoral collaboration are emphasised. The role of this Project Agreement is to enhance and support the concept, practice and endeavours of Aboriginal community control in health service delivery.

Holistic approach. This Project Agreement acknowledges that individual health is closely linked to the general well being of the Aboriginal community. Therefore it is important to address Aboriginal health being mindful and inclusive of the social, cultural, emotional, spiritual and other health experiences of Aboriginal people using a holistic health approach.

Mutual respect, trust and transparency. Both organisations will strive to share relevant data and resources in order to build trust and meet common goals. Each organisation understands and respects the role and vision of the other organisation. Each organisation respects cultural differences in the other organisation. Each organisation will use its best endeavours to progress the strategies used for this Project Agreement.

Sustained outcomes. This Project Agreement aims to ensure an ongoing and formal relationship between the organisations. The parties will meet regularly to re-evaluate the level of operation and partnership. Both organisations will each contribute to the development, implementation, and evaluation of projects according to the availability of resources and organisational expertise.

Equal partners. Each organisation is an equal member and will contribute equally throughout this partnership.

Mutual benefit. This Project Agreement provides for the mutual benefit of facilitating culturally appropriate social and behavioural research pertinent to the Aboriginal community, within a sexual health and blood borne virus context.

Increasing research capacity of Aboriginal people. This Project Agreement aims to facilitate increased capacity of Aboriginal people to participate in, and conduct social research. This will be done by ensuring an Aboriginal person is appointed in a substantive role within the project and that Aboriginal people have pivotal roles in all phases of the project.

Ownership. Aboriginal people have a fundamental right of ownership over their own knowledge and information.

Improved knowledge, awareness and education about STIs, BBVs. Benefits will primarily result from decisions about strategies developed and implemented at the local level and at a state level via AH&MRC and with the expertise and experience of NCHSR. Information, education and training in regards to STIs and BBVs for Aboriginal people will be achieved when Aboriginal peoples and their community controlled health services are empowered to act on their own behalf.

Ethical Guidelines. Research process adheres to the ethical guidelines provided by the AH&MRC Ethics Committee and the University of New South Wales Ethics Committee and those contained within the NSW Health Aboriginal Health information Guidelines and NHMRC guidelines: “Values and Ethics”: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research. Research needs to be translated back to the communities.

Collaboration

The partners will oversee, promote, support and facilitate the development of collaborative efforts (at all levels) between their respective stakeholders.

Protocols

Aboriginal Community Control and Self Determination will be upheld and respected at all times.

All activities relevant to the partnership will be conducted jointly under the auspices of the partnership including consultative processes with both the Aboriginal Community and NCHSR.

AH&MRC will provide NCHSR with sound advice on Aboriginal Community protocol in all aspects of the project.

AH&MRC will guide and assist NCHSR to engage the Aboriginal Community Controlled Health sector in project arrangements and activities.

Aboriginal communities maintain ownership of their community information and must provide consent for the use of this information for any purposes relevant to the partnership.

Recognition & Respect

The partners acknowledge and agree to respect each others perspective and value each others contributions and knowledge base.

The Agreement

- This Agreement commits AH&MRC and NCHSR to cooperatively act together on the above study.
- The ownership of all results from the study is to be shared between AH&MRC and NCHSR.
- **Storage of physical and electronic data will be held at????.**
- Both AH&MRC and NCHSR will be acknowledged as equal project partners in the final report to NSW Health and any subsequent reports and publications.
- No material shall be published without approval and due acknowledgment of the other organisation.
- Both parties are able to present findings from the study only with approval and due acknowledgment of the other organisation.
- The project Advisory committee will include the following people:
 - Elders of Aboriginal Communities
 - People from the target population x 2
 - Board Members of AH&MRC x 2
 - NCHSR x 2
 - Aboriginal Sexual Health Workers x 2
 - AH&MRC x 2 -James Ward & Sarina Solar
 - Youth organisation
 - Member of Aboriginal Sexual Health Advisory Committee (ASHAC)

Implementation

- AH&MRC and NCHSR will meet quarterly (or as required) to determine priorities, progress of projects and above strategies and to share information and resources.
- This Project Agreement will be reviewed after 12 months and adjusted if required.
- Either party can terminate this agreement with three months prior written notice.

Project Advisory Committee

- The Project Advisory Committee will meet at least 6 times during the course of the project.
- The role of the committee will be to set the parameters of the project, to provide advice on methodology, participant recruitment, interviewer training, instrument development and analysis, and to provide feedback on research findings.

- A Research Assistant will be employed to provide research assistance to the project. The Research Assistant will be responsible for the day-to-day project management, including liaison, recruitment, assistance in interviewing, and assisting in analysis, interpretations and translation of the project to Aboriginal Communities.

DRAFT

Signed

Sandra Bailey
Chief Executive Officer
Aboriginal Health and Medical Research Council of NSW
Dated:

Signed

Professor Sue Kippax
Director
National Centre for HIV Social Research
Dated: